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Filing Fee: \$50.00

**State of Rhode Island and Providence Plantations**  
**FOREIGN LIMITED PARTNERSHIP**  
**APPLICATION FOR**  
**CERTIFICATE OF REGISTRATION**  
**OF**

SGI I, a Limited Partnership

To the Secretary of State  
of the State of Rhode Island

Pursuant to the provisions of Section 7-13-49 of the General Laws, 1956, as amended, the undersigned foreign limited partnership hereby applies for a Certificate of Registration to transact business in the State of Rhode Island and for that purpose submits the following statement:

**FIRST:** The name of the limited partnership is SGI I, a Limited Partnership  
and, if different, the name which it  
proposes to register and transact business in the State of Rhode Island is N/A  
(If not applicable, so state)

**SECOND:** It is organized under the laws of State of California  
and the date of its formation is December 26, 1989.

**THIRD:** The general character of the business it proposes to transact in Rhode Island is  
Ownership and operation of retail stores.

**FOURTH:** The Rhode Island address of its proposed agent for service of process on the foreign limited  
partnership is 85 Bradley Street,  
Providence, Rhode Island 02908  
and the name of the agent resident in Rhode Island at that address is Corporation Service Company.

**FIFTH:** The foreign limited partnership hereby agrees that if the foreign limited partnership fails to  
appoint an agent for service of process or, if appointed, the agent's authority has been revoked or if the agent  
cannot be found or served with the exercise of reasonable dilligence, the foreign limited partnership appoints the  
Secretary of State of the State of Rhode Island as its agent for service of process.

**SIXTH:** The address of the office required to be maintained in the state of organization by the laws of that state or, if not so required, of the principal office of the foreign limited partnership is.....

2628 Angelo Drive - Suite C

Los Angeles, CA 90077

**SEVENTH:** If the Certificate of Limited Partnership filed in the foreign limited partnership's state of organization is not required to include the names and business addresses of the partners, the following are the names and addresses of all partners: (If not applicable, so state)

**General Partners**

**Address**

Schremf Group, Inc.

2628 Angelo Drive, Suite C, Los Angeles, CA 90077

**Limited Partners**

**Address**

N/A

Dated December 14, 19 89 .

SGI I, a Limited Partnership  
(Exact name of Limited Partnership making application)

By *David Schrempp* president  
(General Partner)  
*Schrempp Group, Inc.*

State of ~~CALIFORNIA~~ *NEW YORK*  
County of *NEW YORK* } Sc.

At *NEW YORK, NEW YORK* in said county on this *14<sup>th</sup>*  
day of December, 19 89, personally appeared before me

*DAVID SCHREMPF*,  
who, being by me first duly sworn, declared that he/she is a General Partner of the  
SGI I, a Limited Partnership, that he/she signed the foregoing

document as a General Partner of the limited partnership, and that the statements therein contained are true.

STACY-ANN HALLIS  
NOTARY PUBLIC, State of New York  
No. 01 HA 4745067  
Qualified in Kings County  
Commission Expires Dec. 31, 1989

*Stacy Ann Hallis*  
Notary Public

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SECRETARY OF STATE  
CORPORATIONS

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STATE OF NEW YORK

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State  
of  
California

OFFICE OF THE SECRETARY OF STATE

CERTIFICATE OF STATUS  
CALIFORNIA LIMITED PARTNERSHIP

I, MARCH FONG EU, *Secretary of State of the State of California*, hereby certify:

That on the 26th day of December, 1989,

SGI I, A LIMITED PARTNERSHIP

*became recognized under the laws of the State of California by filing its Certificate of Limited Partnership in this office; and*

*That no record exists in this office of a certificate of cancellation of said limited partnership nor of a court order declaring cancellation thereof; and*

*That according to the records of this office, the said limited partnership is authorized to exercise all its powers, rights and privileges and is in good legal standing in the State of California; and*

*That no information is available in this office on the financial condition, business activity or practices of this limited partnership.*



IN WITNESS WHEREOF, I execute  
this certificate and affix the Great  
Seal of the State of California this  
26th day of December, 1989

*March Fong Eu*

*Secretary of State*

RECORDING REQUESTED BY AND  
WHEN RECORDED MAIL TO:

SPACE ABOVE THIS LINE FOR RECORDER'S USE



I, MARCH FONG EU, Secretary of State of the State of California,  
hereby certify:

That the annexed transcript of 1 page(s) was prepared by  
and in this office from the record on file, of which it purports to be a  
copy, and that it is full, true and correct.



IN WITNESS WHEREOF, I execute  
this certificate and affix the Great  
Seal of the State of California this

DEC 26 1989



March Fong Eu  
Secretary of State





State of California  
 March Fong Eu  
 Secretary of State

Form LP-1

**CERTIFICATE OF LIMITED PARTNERSHIP**  
**IMPORTANT—Read instructions on back before completing this form.**

This Certificate is presented for filing pursuant to Section 15621, California Corporations Code.

1. NAME OF LIMITED PARTNERSHIP

SGI I, A Limited Partnership

2. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE CITY AND STATE ZIP CODE

45 Salem Turnpike - Route 82, Norwich, Connecticut 06360

3. STREET ADDRESS OF CALIFORNIA OFFICE IF EXECUTIVE OFFICE IS IN ANOTHER STATE CITY ZIP CODE

2628 Angelo Drive, Suite C, Los Angeles, CA 90077

4. COMPLETE IF LIMITED PARTNERSHIP WAS FORMED PRIOR TO JULY 1, 1984 AND IS IN EXISTENCE ON DATE THIS CERTIFICATE IS EXECUTED.

THE ORIGINAL LIMITED PARTNERSHIP CERTIFICATE WAS RECORDED ON \_\_\_\_\_ 19\_\_\_\_ WITH THE  
 RECORDER OF \_\_\_\_\_ COUNTY. FILE OR RECORDATION NUMBER \_\_\_\_\_

5. NAMES AND ADDRESSES OF ALL GENERAL PARTNERS: (CONTINUE ON SECOND PAGE, IF NECESSARY)

A. NAME: Schrempf Group, Inc. ADDRESS: 2628 Angelo Drive, Suite C CITY: Los Angeles STATE: CA ZIP CODE: 90077	C. NAME: ADDRESS: CITY: STATE: ZIP CODE:
B. NAME: ADDRESS: CITY: STATE: ZIP CODE:	D. NAME: ADDRESS: CITY: STATE: ZIP CODE:

6. NAME AND ADDRESS OF AGENT FOR SERVICE OF PROCESS:

NAME: <sup>D.W. SCHREMPF</sup> Schrempf Group, Inc.  
 ADDRESS: 2628 Angelo Drive, Suite C CITY: Los Angeles STATE: CA ZIP CODE: 90077

7. ANY OTHER MATTERS TO BE INCLUDED IN THIS CERTIFICATE MAY BE NOTED ON SEPARATE PAGES AND BY REFERENCE HEREIN ARE A PART OF THIS CERTIFICATE.

NUMBER OF PAGES ATTACHED:

8. INDICATE THE NUMBER OF GENERAL PARTNERS SIGNATURES REQUIRED FOR FILING CERTIFICATES OF AMENDMENT, DISSOLUTION, CONTINUATION AND CANCELLATION.

NUMBER OF GENERAL PARTNER(S) SIGNATURE(S) IS/ARE:  (PLEASE INDICATE NUMBER ONLY)

9. IT IS HEREBY DECLARED THAT I AM (WE ARE) THE PERSON(S) WHO EXECUTED THIS CERTIFICATE OF LIMITED PARTNERSHIP WHICH EXECUTION IS MY (OUR) ACT AND DEED. (SEE INSTRUCTIONS)

By: [Signature] Schrempf Group, Inc.  
 SIGNATURE \_\_\_\_\_ POSITION OR TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
 President  
 SIGNATURE \_\_\_\_\_ POSITION OR TITLE \_\_\_\_\_ DATE \_\_\_\_\_

THIS SPACE FOR FILING OFFICER USE

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FILED  
 In the office of the Secretary of State  
 of the State of California

DEC 26 1989  
 March Fong Eu  
 SECRETARY OF STATE

10. RETURN ACKNOWLEDGEMENT TO:

NAME \_\_\_\_\_  
 ADDRESS Quinn, Kully and Morrow  
 CITY 520 S. Grand Avenue, 8th Floor  
 STATE Los Angeles, CA 90071  
 ZIP CODE Attn: Richard C. Smith, Esq.

Received  
Registry of State  
Corporations

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